



Direct Deposit Authorization Form

Phone: 828-559-0346

Please PRINT the following information

Name: _____

Phone#: _____

Email Address: _____

Bank/Credit Union Name: _____

Bank/Credit Union Address: _____
Address City State

Bank/Credit Union Routing#: _____

Checking Account#: _____

Savings Account #: _____

Attach a Voided Check: (You may also attach a letter on letterhead and signature from your bank as long as it includes routing and account numbers.)

I hereby authorize McDowell County to process accounts payable transactions through direct deposit and I also authorize McDowell County to initiate adjusting entries which are necessary for corrections relating to accounts

payable to the above named banking institutions. This is a mandatory requirement for county vendor EFT.

Signature: _____

Date: _____